

CHECK BOX, if applicable:  
☒ **DUPLICATE**

EJ814913472US

07/06/2000	CVRACHA	00000006	162480	0940624	4	1.53(d)
01 FC:131	690.00	CH				
02 FC:103	36.00	CH				
03 FC:115	110.00	CH				

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
TOTAL CLAIMS (37 CFR 1.16 (c) or (i))	22 - 20*	2	x \$18.00 =	\$36.00	
INDEPENDENT CLAIMS (37 CFR 1.16 (b) or (i))	3 - 3**	0	x \$78.00 =	\$0	
MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			+ \$260.00 =	\$	
			BASIC FEE (37 CFR 1.16)	\$690.00	
Total of above Calculations =				\$36.00	
Reduction by 50% for filing by small entity (Note 37 CFR §§ 1.9, 1.27, 1.28).					
* Reissue claims in excess of 20 and over original patent.					
** Reissue independent claims over original patent.					
TOTAL =				\$726.00	

## 6. Small entity status:

- a. ☐ A small entity statement is enclosed, if (b) and (c) do not apply.
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

## 7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 16-2480.

- a. ☒ Fees required under 37 CFR § 1.16.
- b. ☒ Fees required under 37 CFR § 1.17.
- c. ☐ Fees required under 37 CFR § 1.18.

8. ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.9. ☐ New Attorney Docket Number, if desired \_\_\_\_\_

[Prior application Attorney Docket Number will carryover to this CPA unless a new Attorney Docket Number has been provided herein.]

10. a. ☐ Receipt For Facsimile Transmitted CPA (PTO/SB/29A)

- b.
- ☒
- Return Receipt Postcard (Should be specifically itemized, See MPEP 503)

11. ☒ Other: The Commissioner is hereby petitioned under 37 CFR §1.136(a) to grant any extension of time needed for timely response to the Office Action dated March 1, 2000 in the parent of the above-identified continuation application to preserve pendency of said parent application. The processing fee under 37 CFR §1.17 has been determined as follows: \$110.00 for a one-month extension of time.

**NOTE:** The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

## 12. NEW CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> New correspondence address below	
NAME	Donald E. Hasse				
ADDRESS	The Procter & Gamble Company, Winton Hill Technical Center				
	6100 Center Hill Avenue				
CITY	Cincinnati	STATE	Ohio	ZIP CODE	45224
COUNTRY	U.S.A.	TELEPHONE	513-634-1620	FAX	513-634-3612

## 13. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME (Print/Type)	Donald E. Hasse	Reg. No. 29,387
SIGNATURE	<i>Donald E. Hasse</i>	
DATE	6/30/00	

"Express Mail" mailing label number EJ814913472US

Date of Deposit June 30, 2000

I hereby certify that this paper/fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Donald E. Hasse 29,387  
Attorney/Agent mailing application Reg. No.

*Donald E. Hasse*  
Signature of Attorney/Agent mailing application